

- Glucagon-like peptide-1 (GLP-1) receptor agonists (GLP-1 RAs) are useful tools for treating type 2 diabetes mellitus, and the American Diabetes Association and European Association for the Study of Diabetes recommend GLP1-RAs as add-on to metformin when therapeutic goals are not achieved, particularly for patients who wish to avoid weight gain or hypoglycemia.
- GLP-1 RAs differ substantially in their duration of action, frequency of administration and clinical profile.
- GLP-1 RAs approved by FDA and EMA include exenatide twice-daily, exenatide once-weekly, liraglutide and lixisenatide once-daily and, more recently, dulaglutide and albiglutide.
- Short-acting GLP-1 RAs (for example, exenatide with a half life of 2-4 h) would be more suitable for the treatment of patients with predominantly post-prandial hyperglycemia, whereas long-acting GLP-1 RAs (such as liraglutide with a half-life of 13 h) would be more suitable for patients with predominantly fasting hyperglycemia.
- Insulin treatment often increases body weight, whereas incretin mimetics promote weight loss, which is recommended for most patients with this condition, and the weight-lowering effect of exenatide may predominate over insulin-induced weight gain.

This summary slide represents the opinions of the authors. No sponsorship for this study was received. Editorial support for this paper was provided by EDRA srl and was funded by Astrazeneca Italy. For a full list of acknowledgments and conflicts of interest for all authors of this article, please see the full text online. Copyright © The Authors 2015. Creative Commons Attribution Noncommercial License (CC BY-NC).